

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **097868580**

FILING DATE **20 JUN 2009**

APPLICANT(S) *Maryanne*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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48							98														
49							99														
50							100														
TOTAL IND.	4						TOTAL IND.														
TOTAL DEP.	15						TOTAL DEP.														
TOTAL CLAIMS	19						TOTAL CLAIMS														